DOCUMENT INVENTORY FORM - ETS

Name: ———

TERM ~~Department:~~ MO

Office Location: —

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Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	FORM OF STORAGE ~~Medium~~	Time Period
—	DIAGRAMS			—	
	DOCUMENTATION				
	PMF	2	023	BIN	
	PROTOCOLS				
	RAW DATA				
	REPORTS				

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